



September 13, 2022

DVP-220038

Air Pollution Control Officer

Attention: Mr. Jack Cheng, AQAC Supervisor

South Coast Air Quality Management District

21865 E. Copley Drive

Diamond Bar, CA 91765-4182

Subject: September 10, 2022, NOx ppm @ 3% O2 3-Hr Rolling Exceedance

SCAQMD FILE # 100154

Permit No. CB-ROP 05-01

NSR 4-4-11; SE 87-01

Dear Mr. Cheng:

Per our Title V permit I am attaching the Form 500-N for the NOx ppm @ 3% O2 3-Hr Rolling Average Exceedance Desert View Power incurred on September 10, 2022 during a malfunction with the CEM.

Please call if you have any questions or comments. I can be reached at (760) 262-1644.

Sincerely,

A handwritten signature in black ink that reads "Kevin Lawrence". The signature is fluid and cursive, with the first name "Kevin" and last name "Lawrence" clearly legible.

Kevin Lawrence

Plant Manager Desert View Power



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encl

cc:

Enforcement and Compliance Assurance Division
U.S. Environmental Protection Agency
75 Hawthorne Street
San Francisco, California 94105-3901

Chief, Industrial Strategies Division
California Air Resources Board
P.O. Box 2815
Sacramento, CA 95814



South Coast Air Quality Management District

Form 500-N**Title V - Deviations, Emergencies & Breakdowns**

*This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.

Mail To:
SCAQMD
P.O. Box 4941
Diamond Bar, CA 91765-0941

Tel: (909) 396-3385
www.aqmd.gov

Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit):

Desert View Power

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

100154

3. Address:

62-300 Gene Welmas Dr.

(where incident occurred)

Street Address

Mecca

City

CA

State

92254

Zip

4. Mailing Address:

Same as above

(if different from Item 3)

Street Address

Same as above

City

State

Zip

5. Provide the name, title, and phone number of the person to contact for further information:

Doug Fritsch

Name

Operations Manager

Title

(760) 262-1682

Phone #

Section II - Reporting of Breakdowns, Deviations, and Emergencies

1. This written notification is to report a(n):

Type of Incident

Verbal Report Due*

Written Report Due

a. ☐ Emergency under Rule 3002(g)

Within 1 hour of discovery

Within 2 working days from when the emission limit was exceeded.

b. ☒ Breakdown under:☒ Rule 430 (Non-RECLAIM)

For Rules 430 & 2004 - Within 1 hour of discovery.

For Rules 430 & 2004 - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted.

☐ Rule 2004 (RECLAIM)☐ Rule 218 (Non-RECLAIM)

[See Rule 218(f)(3)]

For Rule 218 - Within 24 hours or next business day for failure/shutdown exceeding 24 hours

For Rule 218 - With required semi-annual reports.

c. ☐ Deviation with excess emissions

[See Title V Permit, Section K, Condition No. 22B]

Within 72 hours of discovery of the deviation or shorter reporting period if required by an applicable State or Federal Regulation.

Within 14 days of discovery of the deviation.

d. ☐ Other Deviation

[See Title V Permit, Section K, Condition Nos. 22D & 23]

None

With required semi-annual monitoring reports.

2. The incident was first discovered by: Joe Pedroza

Name

on 09/10/2022

Date

05:10

Time

☒ AM☐ PM

3. The incident was first reported by: Left message on recorded line

Name of AQMD Staff Person

on 09/10/2022

Date

05:13

Time

☒ AM☐ PMa. ☒ Via Phoneb. ☐ In Person

Notification Number (Required): 715572

4. When did the incident actually occur? 09/10/2022

Date

05:00

Time

☒ AM☐ PM

AQMD USE ONLY	Received By:		Assigned By:		Inspector:	
	Date/Time Received:		Date/Time Assigned:		Date/Time Received Assignment:	
	Date Delivered To Team:		Date Reviewed Inspector Report:		Date Inspected Facility:	
	Team:	Sector:	Breakdown/Deviation Notification No.		Date Completed Report:	
	Recommended Action:		Cancel Notification	Grant Relief	Issue NOV No. _____ Other: _____	
	Final Action:		Cancel Notification	Grant Relief	Issue NOV No. _____ Other: _____	

5. Has the incident stopped?	a. <input checked="" type="radio"/> Yes, on: <u>09/10/2022</u> Date	Time <u>06:00</u> PM	b. <input type="radio"/> No
6. What was the total duration of the incident?	<u>0</u> Days	<u>03</u> Hours	
7. For equipment with an operating cycle, as defined in Rule 430 (b)(3)(A), when was the end of the operating cycle during which the incident occurred?	<u>09/10/2022</u> Date	<u>05:59</u> Time	<input checked="" type="radio"/> AM <input type="radio"/> PM
8. Describe the incident and identify each piece of equipment (by permit, application, or device number) affected. Attach photos (when available) of the affected equipment and attach additional pages as necessary. Loss of stack flow due to a plug in the stack flow line causing stack flow reading to be screwed.			
9. The incident may have resulted in a:			
a. <input checked="" type="checkbox"/> Violation of Permit Condition(s): <u>CB-ROP 05-01</u>			
b. <input type="checkbox"/> Violation of AQMD Rule(s): _____			
10. What was the probable cause of the incident? Attach additional pages as necessary. Stack flow indication dropped due to a bad O ring gasket on the CEM ammonia scrubber giving the CEM analyzer inaccurate data. This caused the NOx ppm @ 3% O2 to increase because of the inaccurate data otherwise there would be no violation.			
11. Did the incident result in excess emissions? <input type="radio"/> No <input checked="" type="radio"/> Yes (Complete the following and attach calculations.)			
<input type="checkbox"/> VOC _____ lbs <input checked="" type="checkbox"/> NOx <u>96.000</u> lbs <input type="checkbox"/> SOx _____ lbs <input type="checkbox"/> H2S _____ lbs <input type="checkbox"/> CO _____ lbs <input type="checkbox"/> PM _____ lbs <input type="checkbox"/> Other: _____ lbs _____ pollutant			
12. For RECLAIM facilities Subject to Rule 2004 (f)(3) ONLY: If excess emissions of NOx and/or SOx were reported in Item 11, do you want these emissions to be counted when determining compliance with your annual allocations?			
a. <input type="radio"/> Yes, for: <input type="checkbox"/> NOx <input type="checkbox"/> SOx b. <input type="radio"/> No, for: <input type="checkbox"/> NOx <input type="checkbox"/> SOx			
If box 12(b) above is checked, include all information specified in Rule 2004(i)(3)(B) and (C), as applicable.			
13. Describe the steps taken to correct the problem (i.e., steps taken to mitigate excess emissions, equipment repairs, etc.) and the preventative measures employed to avoid future incidents. Include photos of the failed equipment if available and attach additional pages as necessary. Increased the ammonia flow to bring down the NOx ppm #3% O2 number until repairs could be made. Called in tech change out the O rings on the ammonia scrubber.			
14. Was the facility operating properly prior to the incident?			
a. <input checked="" type="radio"/> Yes b. <input type="radio"/> No, because: _____			
15. Did the incident result from operator error, neglect or improper operation or maintenance procedures?			
a. <input type="radio"/> Yes b. <input checked="" type="radio"/> No, because: <u>Stack flow indication was wrong</u>			
16. Has the facility returned to compliance?			
a. <input type="radio"/> No, because: _____			
b. <input checked="" type="radio"/> Yes (Attach evidence such as emissions calculations, contemporaneous operating logs or other credible evidence.)			
Section III - Certification Statement			
I certify under penalty of law that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attachments and other materials are true, accurate, and complete.			
For Title V Facilities ONLY: <input checked="" type="checkbox"/> I also certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX.			
1. Signature of Responsible Official: 		2. Title of Responsible Official: Plant Manager	
3. Print Name: Kevin Lawrence		4. Date: 09/13/2022	
5. Phone #: (760) 262-1644		6. Fax #:	
7. Address of Responsible Official:			
62-300 Gene Welmas Dr		Mecca	CA <input checked="" type="checkbox"/> 92254
Street #	City	State	Zip

Colmac Energy
Mecca, CA
Boiler 1 Daily Emissions Report
September 10, 2022

Hour	Emission Limits											Process Status		
	Daily NOx lbs- 648					30-Day Rolling NOx lb/mmBtu - 0.3 SO2 ppm @3% O2 - 23.3 CO ppm @3% O2 * - 310 SO2 lb/mmBtu - 1.2 CO lb/mmBtu * - 0.46								
	O2%	NOx ppm	NOx ppm @3% O2	NOx lb/mmBtu	NOx lbs	SO2 ppm	SO2 ppm @3% O2	SO2 lb/mmBtu	SO2 lbs	CO ppm	CO ppm @3% O2			
00	10.3	48.3	81.6	0.114	24.75	11.9	20.1	0.039	8.53	10.0	16.9	0.014	3.12	Startup
01	10.9	47.9	85.7	0.120	23.74	9.9	17.7	0.034	6.82	10.0	17.9	0.015	3.02	Startup
02	11.2	54.0	99.6	0.139	25.88	11.3	20.9	0.040	7.53	10.0	18.5	0.016	2.92	Startup
03	11.6	53.9	103.7	0.145	25.01	10.5	20.2	0.039	6.74	10.0	19.2	0.016	2.83	Startup
04	12.4	31.2	65.7	0.092	13.68	10.1	21.3	0.041	6.11	10.0	21.1	0.018	2.65	Startup
05	13.1	18.5	42.5	0.059	7.68	5.8	13.3	0.026	3.34	10.0	22.9	0.019	2.53	Startup
06	13.6	18.9	46.3	0.065	7.80	5.8	14.2	0.028	3.36	10.0	24.5	0.021	2.52	Normal
07	10.8	35.8	63.4	0.089	21.23	8.1	14.4	0.028	6.69	10.0	17.7	0.015	3.59	Normal
08	8.9	23.2	34.6	0.048	14.84	5.3	7.9	0.015	4.68	10.0	14.9	0.013	3.90	Normal
09	8.4	33.8	48.4	0.068	23.06	Cal	Cal	Cal	Cal	10.0	14.3	0.012	4.09	Normal
10	8.9	27.5	41.0	0.057	16.14	5.8	8.7	0.017	4.77	10.0	14.9	0.013	3.57	Normal
11	8.8	28.1	41.6	0.058	16.82	5.5	8.1	0.016	4.62	10.0	14.8	0.013	3.65	Normal
12	8.8	26.9	39.8	0.056	16.17	5.7	8.4	0.016	4.74	10.0	14.8	0.013	3.66	Normal
13	8.9	36.0	53.7	0.075	21.84	5.8	8.7	0.017	4.91	10.0	14.9	0.013	3.69	Normal
14	8.7	41.8	61.3	0.086	25.50	5.6	8.2	0.016	4.76	10.0	14.7	0.012	3.71	Normal
15	8.7	38.0	55.8	0.078	23.27	5.6	8.2	0.016	4.75	10.0	14.7	0.012	3.72	Normal
16	8.8	38.3	56.7	0.079	23.80	5.4	8.0	0.016	4.67	10.0	14.8	0.013	3.78	Normal
17	8.8	37.3	55.2	0.077	23.31	5.7	8.4	0.016	4.92	10.0	14.8	0.013	3.81	Normal
18	8.8	36.9	54.6	0.076	23.40	5.9	8.7	0.017	5.19	10.0	14.8	0.013	3.85	Normal
19	8.8	37.9	56.1	0.078	24.23	6.0	8.9	0.017	5.30	10.0	14.8	0.013	3.89	Normal
20	8.9	38.0	56.7	0.079	24.33	8.2	12.2	0.024	7.32	10.0	14.9	0.013	3.90	Normal
21	8.8	40.2	59.5	0.083	25.35	9.8	14.5	0.028	8.64	10.0	14.8	0.013	3.84	Normal
22	8.8	36.8	54.4	0.076	23.49	8.4	12.4	0.024	7.46	10.0	14.8	0.013	3.88	Normal
23	8.8	40.6	60.1	0.084	25.94	8.0	11.8	0.023	7.08	10.0	14.8	0.013	3.89	Normal
Average Total	9.8	36.2	59.1	0.083	501.26	7.4	12.4	0.024	132.93	10.0	16.5	0.014	84.0	
30-Day Ring				0.087			14.0	0.027	55971		15 *	0.01 *		
365-Day Ring														

* - 720 hour average of the previous 720 valid hours, excluding startup/shutdown

CeDAR Reports 9/13/2022 6:30 AM, Boiler 1 Daily Emissions Report

Boiler 1 Excess Emissions

Colmac Energy

NOx ppm @3% O2 3-Hr Rolling Excess Emissions for 9/10/2022

Parameter	Start	End	Duration	Value	Min	Max	Limit	Reason	Action
NOx ppm @3% O2 3-Hr Rolling	9/10/2022 3:00 AM	3:59 AM	1 hour	96.0	96.0	96.0	94	False Stack flow reading	Cleared line return Stack flow to normal
Total duration			1 hour						